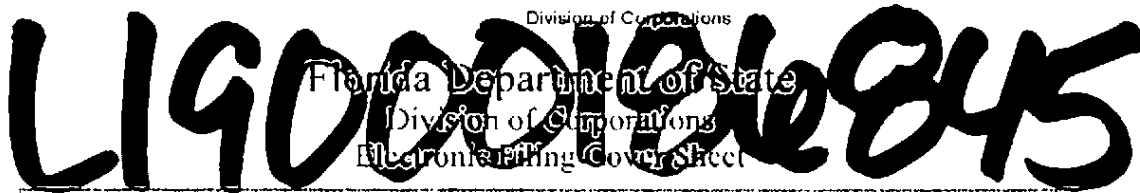


9/20/2019



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000283049 3)))



H190002830493ABC3

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)288-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BOCA CIEGA SNF OPERATIONS LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

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Help

19 SEP 20 PM 3:15

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Lakewood, New Jersey 08701

Lakewood, New Jersey 08701

Zip Code

FL 055-11162017 Waters-Kilgus Online

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Yisroel Herzka	174 Governors Road	<input type="checkbox"/> Add
		Lakewood, New Jersey 08701	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Sol Klein	174 Governors Road	<input type="checkbox"/> Add
		Lakewood, New Jersey 08701	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Boca Ciega SNF Operations Holdings LLC	1168 Evergreen Avenue	<input type="checkbox"/> Add
		Lakewood, New Jersey 08701	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[The page contains faint horizontal lines, suggesting it was part of a lined document or notebook.]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

S.P. 20 2019
Daniel G. Gorman

Typed or printed name of signee

Filing Fee: \$25.00

19 SEP 20 PM 3:15